



## Television Production Insurance

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**Please include:**

- Top Sheet and Transportation pages of Budget, or Full Budget pages
- A written synopsis of the project
- Resumes on the Primary Filmmakers

**Please answer all of the following questions. If a question is not applicable please note N/A. Please do not delete the questions when you answer as it could delay the quoting process.**

1. Name and address of the production company (as it should appear on the policy):
2. Federal ID Number:
3. Company phone, fax and e-mail:
4. Names and titles of the officers, partners, individuals of the production company, and percent ownership for each:
5. Contact person and title, phone, fax, and email:
6. Name of director, producer, line producer/production manager:
7. Title and Synopsis of production, number and length of episodes:
8. Length of Photography period, please provide dates and number of weeks:
9. Locations, City & State. Please provide local production office address:
10. Advise of any scripted stunts or hazardous activities (Activities may include, but are not limited to: Equestrian, water, non-standard vehicle usage, animals and pyrotechnics). A separate application may be required:
11. Are you shooting film, tape, digital video, etc? If film, what lab are you using? What film size are you using, i.e. 16mm, 35mm, etc?
12. When do you expect to have an answer print?



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13. Replacement Value of your Equipment – this is equipment taken on & off your premises, such as cameras, sound recording, grip, lighting, etc:
  - a. Owned:
  - b. Rented:
14. Replacement Value of your Office Contents (remains on premises; coverage is specific to your location) – furniture and fixtures, office machinery, fine arts, office stock and supplies, etc and any office improvements and betterments:
15. Name of the Payroll Service and confirmation they are providing workers compensation coverage (a certificate of insurance showing proof of coverage will be required):
16. Indicate financing source:
17. Provide Completion Bond Company name and address, as well as contact name and phone number, if any:
18. Number of persons for Cast Coverage (standard for TV is 8 artists):
19. Essential Element Cast Member can be defined as an artist so “essential” to the production that without this person you would lose your financing and/or distribution which may cause you to abandon the project.
  - a. Are any members of the cast considered an *Essential Element*? If so, please give name of actor and role information. Essential Element will require a special Physical Examination by an insurance company-approved physician. \*Further information to be provided
20. Release or distribution organization:
21. List all Unions or Guilds:
22. Please tell us how you referred to *Reiff & Associates, LLC*:

We also recommend you clear the **Errors & Omissions** insurance application now or during photography period so any potential problems can be corrected. Please contact us for the application, instructions and title clearance information.

Additional information may be requested upon review and submission of the outlined information to the insurance carriers. Please call us with any questions, and thank you!